

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: (Optional) _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <input type="checkbox"/> Attachments
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
CHILD'S NAME: _____	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> APPLICATION AND ORDER FOR AUTHORIZATION TO ADMINISTER PSYCHOTROPIC MEDICATION—JUVENILE <input type="checkbox"/> Original <input type="checkbox"/> Request to Extend </div> <div> CASE NUMBER: _____ </div> </div>	

QUESTIONS 1–4 TO BE COMPLETED BY APPLICANT

1. The child is a ☐ dependent (Welf. & Inst. Code, § 300) or ☐ ward of the court (Welf. & Inst. Code, §§ 601, 602) and has been removed from the parent's physical custody.

2. Child's date of birth: _____ Child's weight: _____ Child's height: _____

3. The child is currently placed in ☐ relative's home ☐ foster home ☐ group home ☐ juvenile hall
☐ camp ☐ home of nonrelative extended family member ☐ acute care hospital (name): _____
☐ other: _____

4. Applicant is ☐ child's treating physician ☐ social worker on behalf of physician ☐ probation officer on behalf of physician ☐ other (specify): _____

and requests the court to:

a. ☐ authorize the administration of the psychotropic medications described in item 8 to the child

OR

b. ☐ authorize continuation of the administration of the psychotropic medications described in item 8 to the child

OR

c. ☐ authorize (name): _____

(address): _____

who is the child's ☐ parent ☐ statutorily presumed parent ☐ other parent ☐ legal guardian as established by the probate or juvenile court to consent to the administration of psychotropic medications. The child's parent or legal guardian poses no danger to the child and has the capacity to authorize the administration of the medications (describe basis for this statement): _____

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

☐ Continued on Attachment 4.

CHILD'S NAME: 	CASE NUMBER:
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QUESTIONS 5–13 TO BE COMPLETED BY, OR WITH INFORMATION PROVIDED BY, PRESCRIBING PHYSICIAN

(No psychotropic medications for dependents and wards can be authorized in the absence of court authorization except in an emergency situation as defined by Welf. & Inst. Code, § 369(d).)

5. a. Name of prescribing physician:
 b. Address of prescribing physician:
 Telephone: _____ Fax: _____
 c. Medical specialty of prescribing physician:
☐ Child/adolescent psychiatry ☐ General psychiatry
☐ Other: _____ ☐ Family practice/GP ☐ Pediatrics
 d. Date of most recent face-to-face clinical visit:
 Face-to-face clinical visit conducted by (name): _____
 e. Anticipated frequency of follow-up visits with the prescribing physician:
 f. ☐ If this application is made during an emergency situation, describe emergency circumstances that allowed for temporary administration pending judicial order:

6. The child has been diagnosed with the following disorders:

- | | |
|--|--|
| a. <input type="checkbox"/> Adjustment Disorder | g. <input type="checkbox"/> Intermittent Explosive Disorder |
| b. <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | h. <input type="checkbox"/> Oppositional Defiant Disorder/Conduct Disorder |
| c. <input type="checkbox"/> Autism/Other Pervasive Developmental Disorder | i. <input type="checkbox"/> Posttraumatic Stress Disorder |
| d. <input type="checkbox"/> Bipolar Disorder | j. <input type="checkbox"/> Schizophrenia/Other Psychotic Disorder |
| e. <input type="checkbox"/> Depressive Disorder With Psychotic Features | k. <input type="checkbox"/> Other: |
| f. <input type="checkbox"/> Dysthymic/Depressive Disorder Without Psychotic Features | |

☐ Continued on Attachment 6.

7. Relevant medical history (*describe, specifying all current nonpsychotropic medications*):

☐ Continued on Attachment 7.

CHILD'S NAME: —	CASE NUMBER:
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8. List all psychotropic medications:

a. Medications to Rx: <i>NAME</i> (<i>GENERIC OR BRANDS</i>)	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>
b. Medications to continue: <i>NAME</i> (<i>GENERIC OR BRANDS</i>)	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>

CHILD'S NAME: 	CASE NUMBER:
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8. (Continued)

c. Past Psychotropic medications		
NAME (GENERIC OR BRANDS)	MIN. DAILY DOSE	MAX. DAILY DOSE

☐ Continued on Attachment 8.

9. For 8b. and 8c., answer the following:

a. Are there viable alternatives to administering psychotropic medications? ☐ Yes ☐ No

b. If yes, what are those alternatives?

c. Have they been tried? ☐ Yes ☐ No

d. If yes, what was the response to the alternative treatments?

e. If the alternative treatments were not tried, explain why:

☐ Continued on Attachment 9.

10. Significant adverse reactions, warnings/contraindications, drug interactions (including those with continuing medications listed in item 8), and withdrawal symptoms for each recommended medication are included

a. ☐ in a narrative (*Attachment 9a*).b. ☐ in a document provided by manufacturer or health-care provider or county mental health entity (*Attachment 10b*).11. Other treatment plans for the child relevant to the medication regimen include ☐ group therapy ☐ milieu therapy ☐ individual therapy ☐ other (*explain*):☐ Continued on Attachment 11.12. a. ☐ The child has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The child's response was ☐ agreeable ☐ resistant.
(*Child's own written statement may be attached.*)☐ Continued on Attachment 12a.b. ☐ The child has not been informed of this request because the child is too young and/or lacks the capacity to provide a response.13. The child's present caregiver has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The caregiver's response was ☐ agreeable ☐ resistant.Date: ☐ Continued on Attachment 13.

(TYPE OR PRINT NAME)

(SIGNATURE OF PRESCRIBING PHYSICIAN)

CHILD'S NAME: _____	CASE NUMBER: _____
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QUESTIONS 14–17 TO BE COMPLETED BY CONSULTANT PHYSICIAN — APPLICATION REVIEW

14. A physician consulting to the court ☐ has ☐ has not reviewed this application.

15. ☐ Consulting physician review is not required in this county.

16. a. ☐ The consulting physician recommends court authorization of requested medications.

b. ☐ The consulting physician does not agree and requests further information.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF CONSULTING PHYSICIAN)

17. Comments of consulting physician (*if any*):

QUESTIONS 18–21 TO BE COMPLETED BY SOCIAL WORKER OR JUVENILE PROBATION OFFICER

18. a. The following people have been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions and provided with form JV-220A, *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile*.

(1) ☐ Parent (*name*):

(2) ☐ Statutorily presumed parent (*name*):

(3) ☐ Other parent (*name*):

(4) ☐ Legal guardian (*name*):

b. The responses were as follows:

(1) ☐ Parent:

(2) ☐ Statutorily presumed parent:

(3) ☐ Other parent:

(4) ☐ Legal guardian:

Does not
oppose

☐
☐
☐
☐

Opposes/
requests hearing

☐
☐
☐
☐

Requests
more information

☐
☐
☐
☐

No response

☐
☐
☐
☐

☐ Continued on Attachment 18b.

c. ☐ No notice to the parents or legal guardians is required because parental rights have been terminated.

d. ☐ Parent/guardian (*name*): _____ has not been informed because whereabouts are unknown.

e. ☐ Parent/guardian (*name*): _____ has not been informed because (*state reasons*): _____

19. All attorneys of record have been informed of this request (*date/time informed*):
and have been given two court days to respond.

a. ☐ Attorney for child:

b. ☐ Attorney for parent:

c. ☐ Attorney for statutorily presumed parent:

d. ☐ Attorney for other parent:

e. ☐ Attorney for legal guardian:

Does not
oppose

☐
☐
☐
☐
☐

Opposes/
Requests hearing

☐
☐
☐
☐
☐

Requests
more information

☐
☐
☐
☐
☐

No response

☐
☐
☐
☐
☐

CHILD'S NAME: _____	CASE NUMBER: _____
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20. ☐ Other professionals who were informed and consulted (*state names and professional relationship to the case*):

21. ☐ Other information or comments:

☐ Continued on Attachment 21.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF SOCIAL WORKER OR JUVENILE PROBATION OFFICER)

Telephone No.:

Fax No.:

E-mail:

ORDER

22. ☐ The matter is set for hearing within five court days on (*date*): _____ at (*time*): _____
in department: _____

23. The application for authorization to administer psychotropic medications is

- a. ☐ granted as requested.
b. ☐ denied (*specify reason for denial*):

c. ☐ granted, with the following modifications or conditions (*specify*):

24. ☐ The court finds that the parent poses no danger to the child and has the capacity to authorize the administration of psychotropic medications, and that the request for such authority is granted

- a. ☐ as requested.
b. ☐ with the following modifications:

25. ☐ The notice requirements have been met.

26. ☐ The notice requirements have NOT been met. Proper notice was not given to:

27. This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the prescribing physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. Except in an emergency situation, an increase in the dosage beyond the approved maximum daily dosage or a change in or the addition of other medications requires the treating physician to submit a new application. A change in the child's placement does not require a new order for psychotropic medication, and a child's course of court-ordered psychotropic medication must remain in effect until the order expires or is terminated or modified by further order of the court.

28. Number of pages attached: _____

Date:

JUDICIAL OFFICER OF THE JUVENILE COURT